The Problem of Bed Wetting

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ENURESIS (bed-wetting), a common symptom of childhood and adolescence, has been a problem in most cultures for centuries.

Enuresis refers to the wetting of one's clothes or one's bed, past the age of three years. If the child has never attained bladder control, it is called primary enuresis and if the child has once attained the bladder control for about one year and then gets this disease, it is known as secondary enuresis. Bed-wetting is repetitive, inappropriate, involuntary passage of urine. In literature, Ebers Papyrus documents that bed-wetting was well known in 1500 BC.

Prevalence

It is found in all countries and all races, in all socio-economic groups, found in both sexes, afflicts those who are of normal and subnormal intelligence.

It is estimated that 15 per cent of children past the age of three wet while prevalence in adults varies from 0.5 to 3.8 per cent.

Eighty per cent of enuretics wet only during night while 15 per cent during day and night and rest during day only.

More common in males and in winter, enuresis is often familial and seen more in children coming from joint families.

Causes

The psychological, social and biological components appear to contribute to the problem in varying proportions. The causes can be classified as:

Genetic

Enuresis is more common in children who have family history of this problem in parents or siblings. It is also more prevalent in mentally retarded children.

Psychological

— Separation from parents
— Disturbed family (marital disharmony etc.)
— Death or illness of a parent
— School phobia
— Birth of a sibling
— Excessive anxiety or depression
— Anger, punishment or rejection from caretakers.

Physiological

— Delayed or lax toilet training

Organic

— Metabolic causes like diabetes,
— Worms infestation
— Urinary obstruction and infection (common in females)
— Epilepsy and sleep disorders
— Deformities like spina bifida, weak bladder musculature etc.

This problem is commonly associated with other psychological conditions like sleep-walking, sleep talking, night terrors (fearful dreams), encopresis (Involuntary passage of faeces), thumb sucking etc.

Complications and Impairment

The degree of impairment is primarily a function on the individual's self esteem, the degree of social ostracism by peers and anger, punishment and rejection from caretakers. Enuretic children are more prone to urinary infection (pyelonephritis).

Very often the individual feels ashamed or embarrassed and may wish to avoid situations that might lead to embarrasment, such as camp or overnight visits to relatives and friends.

Treatment

The various modes of treatment available are:

1. Parental counselling: To avoid psychological factors leading to this problem like separation from parents, parental neglect, marital disharmony, excessive punishment to children, criticism infront of other etc. The toilet-training should be given properly and should be started by the age of two years while in mentally retarded children, the toilet training can be delayed to five years of age.

2. Behavior modification methods: Mowrer and Mowrer devised an apparatus (available in India also) in 1938 consisting of an alarm buzzer which could be set off by the discharge of urine onto a detector circuit and child wakes up from sleep to pass urine at a proper place. Good results have been reported in as much as 70-85 per cent children with this device.

3. Drugs: Tincture of belladona 5 to 10 drops three times a day. Other drugs like amphetamines, Imipramine etc. can be given during bed-time.

4. Situational manipulation: These include waking the child during the course of the neight, restricting fluids (water, milk, etc) at least 1-2 hours before sleep and avoiding certain kinds of spices or nutrients (lemon juice, tea etc).

Methods like penile ligures, rubber bags inserted into the vagina, pelvic elevation, burning the sacrum etc. should be avoided because they lead to many fatal complications.

It is advised that if children wet the bed by the age of 3 years, psychologist or psychiatrist should be consulted because with early and correct treatment, this problem is fully curable with minimum reoccurance.

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